

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050489

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 297

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1007

21007

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1290-0

1320

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sikeston

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

327 Edmondson St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott

c. CITY
OR
TOWN

Sikeston

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
327 Edmondson St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Waymond

Earl

Culbertson

4. DATE
OF
DEATH

Dec. 7, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 17, 1948

9. AGE (last birthday)

15

IF UNDER 1 YEAR

Months Days

20

IF UNDER 24 HR

Hours Min.

USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

=====

11. BIRTHPLACE (City and state or country)

Sikeston, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alfred Culbertson

13b. MOTHER'S MAIDEN NAME

Lorene Winchester

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

no

17. INFORMANT

Alfred Culbertson, Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

? Cerebral Anoxia

INTERVAL BETWEEN
ONSET AND DEATH

Minutes

DUE TO (b)

? Due to Car accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-13-1963 to 12-6-1963 and last saw him alive on 12/6/63
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William G. Lawrence

22b. ADDRESS

215 Oak Poplar Bluff rd

22c. DATE SIGNED

12/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

Garden Of Memories

23d. LOCATION (City, town, or county)

Sikeston, Mo.

24. FUNERAL DIRECTOR

Jackson Funeral Home, Sikeston, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 18, 1963

26. REGISTRAR'S SIGNATURE

Janette Waldman

DEC 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Dec 10 - 1963